

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589503

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6		1					56						
7		1					57						
8		1					58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14		1					64						
15		1					65						
16		5					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	40						TOTAL CLAIMS						